September 10, 2018

Via electronic submission: http://apps.fcc.gov/ecfs/

Federal Communications Commission
445 12th St., SW, Room TW-A325
Washington, D.C. 20554

Re: Promoting Telehealth for Low-Income Consumers (WC Docket No. 18-213)

To Whom It May Concern:

The National Health Law Program (NHeLP) appreciates the opportunity to comment in response to the August 3, 2019, Notice of Inquiry (NOI) seeking input about the proposed "Connected Care Pilot Program," which aims to support the delivery of telehealth service to low-income individuals. NHeLP is a public interest law firm working to protect and advance the health rights of low-income and underserved individuals. We defend the nation's health care safety net for those most in need and those with the fewest resources.

NHeLP commends the Federal Communications Commission (FCC) for its effort to advance and support the movement towards connected care and improve access to telehealth services. As the use of telehealth increases, Medicaid-eligible and underserved individuals should too be able to gain from telehealth's promises. NHeLP believes that the pilot program should support entities and projects that specialize in women's health care, in particular those that offer maternity and family planning services for low-income individuals.

A. <u>The pilot program should benefit all low-income and underserved populations</u>

Broadband-enabled telehealth services have the potential to significantly improve health outcomes for populations living in rural areas or areas with limited transportation options, as well as

underserved populations such as low-income women, people of color, and young individuals.

People residing in rural communities already struggle to access health care. Approximately 20 percent of U.S. residents live in rural areas, and do not have easy access to primary care or specialist services.[1] In these communities, the nearest medical center may be over twenty miles away.[2] Nearly a quarter of the nonelderly individuals who reside in rural area are Medicaid enrollees. Rural areas often experience professional health care shortages, particularly among health care specialists.

Access to health care is also a significant challenge for individuals who reside in non-rural areas with limited public transportation options, and who have difficulty leaving children and jobs in order to see a provider. Transportation barriers have an adverse impact on communities of color and people with low-incomes in particular. Nineteen percent of African Americans and 13.7 percent of Latinos lack access to automobiles compared to 4.6 percent of whites; and poverty compounds the problem: 33 percent of poor African Americans, 25 percent of poor Latinos, and 12.1 percent of poor whites lack automobile access[3].

Transportation barriers lead to rescheduled or missed appointments, delayed care, and missed or delayed medication use. These consequences lead to poorer management of chronic illness and thus poorer health outcomes. For example, women who live in rural areas receive fewer preventive services such as breast and cervical cancer screenings than their urban counterparts.[4] Nine out of the top fourteen states with the highest percentage of reproductive-aged (13-44 years) women in need of publicly-funded contraceptive services and supplies also have significant rural populations (exceeding one third of the state's population).[5] Obstetric-gynecologic services are particularly difficult to access in rural communities. In 2008, only 6.4 percent of obstetrician-gynecologists practiced in rural settings.[6]

Women with low incomes, especially women of color and from underserved communities, would benefit from expanded telehealth options. Furthermore, these populations would especially gain from easier ways of accessing health care and health care information

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[1] American Hospital Association, *The Promise of Telehealth for Hospitals, Health Systems and Their Communities*, Trendwatch, 1, 4 (2015) https://www.aha.org/system/files/research/reports/tw/15jan-tw-telehealth.pdf.
[2] John Rehm, *Telemedicine: The Cost-Effective Future of Healthcare*, AMJC (Dec. 6, 2016) http://www.ajmc.com/contributor/john-rehm/2016/12/telemedicine-the-cost-effective-future-of-healthcare.
[3] Policy Link and Prevention Institute, "Overview: Health, Equity, and Transportation," http://www.altfutures.org/pubs/DRA/Equity_in_Transportation_Policy_Summary.pdf.
[4] American College of Obstetricians and Gynecologists, *Committee Opinion: Health Disparities in Rural Women* (Feb. 2014), https://www.acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/co586.pdf?dmc=1&ts=20180126T2148228174.
[5] *Id.*
[6] *Id.*

through multiple technologies. For example, Black and Latinx people are more likely to use mobile phones than landlines, and are more likely to access the internet through mobile devices.[7] An expanded interpretation of telehealth, which includes all forms of internet-based communications, would especially benefit people of color.

Broadband-enabled telehealth and telemedicine services can help fill the gaps in health care access. Medicaid policy already views telemedicine as a cost-effective alternative to the traditional face-to-face way of providing medical care.[8] The federal Medicaid program encourages states to use the flexibility inherent in federal law to create innovative payment methodologies that incorporate telemedicine technology. Providing greater access to telehealth and telemedicine would be a meaningful step towards removing barriers to health care for low-income people--particularly women and communities of color--living in rural communities and other hard-to-reach areas.

B. Expanding access to women's health care, like maternity health, as well as reproductive and sexual health services.

1. Pregnancy care

Poor access to reproductive health services can have detrimental effects on an individual's quality of life. Limited access to women's health care is associated with more unintended pregnancies, higher sexually transmitted infection (STI) and cervical cancer rates, and higher morbidity and mortality rates for women and infants.[9]

As stated in the NOI, telehealth provides great opportunities for maternity care. Women who live in rural areas have generally poorer health outcomes and less access to health care than women who live in urban areas.[10] Rural communities also often lack access to specialists in maternal and fetal medicine, who typically practice in larger urban areas. This problem has been compounded by the ongoing closures of even basic labor and delivery units in rural hospitals.[11] This has left "maternity-care deserts in some of the United States'

[7] Ray et al., *"Missed Opportunity? Leveraging Mobile Technology to Reduce Racial Health Disparities," Journal of Health Policy*, Politics, and Law, October 2017, https://www.ncbi.nlm.nih.gov/pubmed/28663182
[8] Julia Foutz, Samantha Artiga, and Rachel Garfield, *The Role of Medicaid in Rural America*, The Kaiser Family Foundation, (Apr. 15, 2017) https://www.kff.org/medicaid/issue-brief/the-role-of-medicaid-in-rural-america/.
[9] Goldberg DG, Wood SF, Johnson K, et al. *The organization and delivery of family planning services in community health centers*. Women's Health Issues. 2015; 25(3):202-208. doi:10.1016/j.whi.2015.02.007.
[10] ACOG Committee Opinion on Health Disparities in Rural Women, https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Disparities-in-Rural-Women.
[11] *As Rural Hospitals Struggle, Some Opt To Close Labor And Delivery Units,* Feb. 23, 2016, https://khn.org/news/as-rural-hospitals-struggle-some-opt-to-close-labor-and-delivery-units/

most vulnerable communities."[12] In order to avoid a long unpredictable drive, rural pregnant individuals may also choose to induce labor rather than allow labor to take place naturally, a practice that is contrary to ordinary medical standards of care.[13] There is at least one study that found that babies born to mothers who had to travel over an hour to give birth are more likely to die within their first year of life.[14]

Telehealth can be particularly beneficial for individuals in rural communities who have high-risk pregnancies. Obstetric specialists in high-risk pregnancies are able to partner with local obstetricians to provide ongoing monitoring for patients with high-risk conditions through video check-ups and appointments. Specialized equipment allows the remote obstetric specialist to get real-time information from, for example, an on-site obstetrician, nurse, or ultrasound technician. Existing technology can even allow remote providers to accompany on-site providers during their daily inpatient rounds.[15] This enables rural patients to access the highly specialized services they may need, without having to travel very far distances.

Telehealth can also be helpful for individuals who have high-risk pregnancies even if they are not living in rural communities. Individuals with high-risk pregnancies are often required to have many more appointments than individuals with non-high-risk pregnancies. Telehealth can help pregnant individuals receive care at a nearby clinic, rather than seeing the specialist at a site that may be less conveniently located.

Lastly, the expansion of telehealth can provide care that is more convenient for all pregnant individuals, even if not in rural communities and/or not with high-risk pregnancies. For example, telehealth can enable the operation of on-call 24-hour nurse assistance. Such services allow pregnant individuals to get what may only be a minor issue taken care of right away, rather than having to go through what may be an onerous process of making an appointment to go in to see their health provider and/or going to the emergency room or urgent care.

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[12] Rural America's disappearing maternity care, Nov. 8, 2017, https://www.washingtonpost.com/opinions/rural-americas-disappearing-maternity-care/2017/11/08/11a664d6-97e6-11e7-b569-3360011663b4_story.html?noredirect=on

[13] Another Thing Disappearing From Rural America: Maternal Care, Sep. 5, 2017, https://www.propublica.org/article/another-thing-disappearing-from-rural-america-maternal-care.

[14] Rural America's disappearing maternity care, Nov. 8, 2017, https://www.washingtonpost.com/opinions/rural-americas-disappearing-maternity-care/2017/11/08/11a664d6-97e6-11e7-b569-3360011663b4_story.html?noredirect=on.

[15] Telemedicine Helps Pregnant Women at Risk, Sep 12, 2017, https://www.wsj.com/articles/telemedicine-helps-pregnant-women-at-risk-1505268610.

2. Preventive services like reproductive and sexual health care

Privacy, timeliness, and discretion are critical components for the delivery of quality reproductive and sexual health care. Telehealth allows for the expansion of and improved access to reproductive and sexual health care services, promising to connect patients with their health care provider more efficiently and cost effectively. Giving Medicaid providers the resources to offer reproductive and sexual health care via telehealth would ease access to these services, reducing the number of unintended pregnancies and minimizing the spread of sexually transmitted infections.

Medicaid-eligible individuals face a number of barriers to contraception, including the lack of accessible counseling and education and the difficulty in meeting the costs associated with traveling to and from a health care provider. In a survey of U.S. women who had a gap in their use of contraception, 5 percent said their non-use was due to insufficient time for medical visits and 20 percent reported that the cost of a doctor's visit, which includes the ability to pay for the cost of transportation, was an obstacle to obtaining a prescription contraceptive.[16] Multiple programs--like Nurx, the Pill Club, and Project Ruby--already exist to facilitate an easier way for patients to access contraceptives via telehealth without having to visit their provider in person.[17] These programs have already proven to make it easier to obtain contraceptives, and the FCC's new Connected Care program could also allow other providers to offer similar services for individuals who typically do not have access to family planning services.

In addition, rural and underserved communities often lack the medical experts needed to diagnose and treat reproductive health conditions like cervical and prostate cancer. Through teleconferencing and remote-patient monitoring, providers can conduct colposcopies and cytology, as well as develop laboratory and pathology reports. Initiatives, like one at the University of Arkansas, enables patients who have an abnormal pap smear to receive follow-up care through telehealth and detect the existence of cervical cancer. Researchers there found that the colposcopies performed via telehealth were just as effective at predicting cervical cancer as traditional colposcopies.[18]

Telehealth has been successfully used to expand access to HIV care in both rural and urban settings, as well as to facilitate the testing and treatments of sexually transmitted infections and urinary tract infections. For example, a telehealth program at the University of California, San Francisco connects providers with patients who have limited ability to

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[16] Sharon Cohen Landau, Molly Parker Tapias, and Belle Taylor McGhee, *Birth Control Within Reach: A National Survey on Women's Attitudes Toward and Interest in Pharmacy Access to Hormonal Contraception*, Contraception 74, no. 6 (2006): 465, http://dx.doi.org/10.1016/j.contraception.2006.07.006.
[17] Reproductive Health Technologies Project, *Building Bridges: Innovation in Telemedicine Use for the Provision of Reproductive Health Care*, 2016.
[18] University of Arkansas for Medical Services, Center for Health Distance, https://cdh.uams.edu/.

meet in person. They interact through a two-way videoconference system that allows them to receive HIV primary care services, which includes HIV testing and Pre-Exposure Prophylaxis or PreP. In a survey conducted among this program's participants, 79 percent said they would prefer a telehealth appointment to an in-person visit.[19] There have been similar successes in telehealth programs that work with people living with HIV/AIDS who seek care in rural Veterans Affairs health centers. Two evaluations showed that the programs led to higher rates of clinic visit completion, reduced travel time for patients, increased screenings for associated common comorbidities, and higher rates of patient satisfaction.[20]

NHeLP appreciates the opportunity to comment on the new Connected Care Program. As Commissioner Rosenworcel remarked, we firmly believe that we can increase the use of these services while not taking away existing protections like the Lifeline program. We also ask that this new program involve a partnership with the Centers for Medicare and Medicaid Services so that Medicaid-eligible individuals, in particular women, benefit from Connected Care's resources. We look forward to future opportunities to engage with the FCC to improve access to women's health care. If you have any questions, please contact Fabiola Carrión at carrion@healthlaw.org.

Sincerely,

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Senior Attorney
National Health Law Program

[19] Urban HIV Telemedicine Program, University of California San Francisco, UCSF Wellness Center, http://360.ucsf.edu/content/urban-hiv-telemedicine-program.
[20] Ohl M, Dillon D, Moeckli J, et al. *Mixed-methods evaluation of a telehealth collaborative care program for persons with HIV infection in a rural setting*. J Gen Intern Med. 2013;28(9):1165-1173.